

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 37634

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/			/		/	51						
2				/		/	52						
3				/		/	53						
4				/		/	54						
5				/		/	55						
6				/		/	56						
7						/	57			/	/	/	
8						/	58			/	/	/	
9						/	59			/	/	/	
10						/	60			/	/	/	
11						/	61						
12						/	62						
13						/	63						
14						/	64						
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41						/	91						
42						/	92						
43						/	93						
44						/	94						
45						/	95						
46						/	96						
47						/	97						
48						/	98						
49						/	99						
50						/	100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		3	↓	
TOTAL DEP.	←	37	←		←		TOTAL DEP.	←	37	←	37	←	
TOTAL CLAIMS		40					TOTAL CLAIMS		40		40		